October 4, 2006

To: Applicants to RFP No. HTH 530-06-1, Infant and Toddler Development Services and RFP No. HTH530-06-2, Services for Children with Complex Medical Needs

From: Jo McKinney
Early Intervention Section Procurement Officer

Subject: **Addenda No. 1 to RFP HTH 530-06-1 and RFP HTH 530-06-2**

The following are written questions from the community regarding RFP HTH 530-06-1 and HTH 530-06-2 and responses from the Early Intervention Section.

1.) **Question:** Please clarify the intent, specific wording, expectations and the point system regarding Section 4, page 4-2 (Item A, second bullet point) and on page 4-3 (Item B, second bullet point). In both cases, the applicant is awarded .5 points if they can show experience with children 4-8 years of age. In the first item on page 4-2, it further indicates that if the applicant "does *not* have the experience with the 0-3 age group, does the applicant demonstrate similar knowledge relating to the provision of services to children 4 to 8 years of age", - the applicant receives .5 points for each of these sections.

Both of these areas are not clear in terms of the point structure. Does this mean that an applicant without experience with the 4 to 8 year old age group is automatically penalized one point? This would be inconsistent with the intent of the proposal's target population. Why does the state require experience in working with children 4-8 to obtain the maximum number of points for this section? Why would the state award points to an agency that has no experience with the target population? If an applicant has only experience with the 0-3 population is your maximum total for these 2 sections only 10 points respectively (same as the above comments that you're starting off at –1 point). If this is a correct assumption/interpretation, then it would appear to be correct that an applicant with significant experience in both age groups (0-3 and 4-8) has the opportunity to get a maximum of 11 points for both sections noted above? **Answer:** The intent of the scoring is to allow for an either/or score so those applicants with experience working with the 0-3 age group might be eligible to receive a significantly higher score than applicants that have only experience with the 4-8 age group. Our evaluation format has been changed to reflect the following:

- 1.A., page 4-2, first bulleted item: If the applicant's proposal demonstrates the necessary skills, abilities, and knowledge relating to the delivery of the proposed early intervention services to infants and toddlers, from birth to age three (3), with special needs and their families, the applicant may receive a score **up to 6 possible points.** The applicant with **no** experience

with this 0-3 age group would receive **no points** for the first bulleted scoring item because they would not have the necessary skills and experience with the 0-3 age group.

1.A. page 4-2, second bulleted item: If the applicant's proposal **does not** demonstrate experience with the 0-3 age group, but the proposal demonstrates necessary experience, skills and knowledge with the 4 to 8 year old age group with special needs and their families, the applicant could receive a **maximum of .5 point for the second bulleted scoring item**. Conversely, the applicant having experience with the 0-3 population in the first bullet would be not be scored for the second bullet.

1.B., page 4-3, first and second bulleted items: The same rationale and scoring applies to the two (2) bulleted items under B. *Experience*. The applicant with verifiable experience for the past five (5) years with the 0-3 population could receive a maximum score of **6 points,** while the applicant with **no** experience with 0-3 population would receive **no points** for the first bullet. The applicant with verifiable experience for the past five (5) years with children, ages 4 through 8, could receive a maximum of **.5 point** for the second bulleted item, while the applicant with experience with the 0-3 population would not be scored for the second bullet.

2.) **Question:** Please clarify the required format for responding to Section 3, Management Requirements, pages 2-9 to 2-14. These topics are not listed in that particular format in Section 3-Proposal Application Instructions or in Section 4- proposal Evaluation. **Answer:** Although the service specifications in Sections 3 and 4 are not specifically listed in the same particular format as Section 2, they are important for the applicant to be aware of and incorporate into their proposal.

3.) **Question:** Pursuant to Section 3, Item III project Organization and Staffing, and Performance measure #8, regarding staff meeting the highest level of professional standards and competencies: If the provider applicant has existing staff that has already been given Approval/exception to this standard by existing DOH-EIS management do they still indicate in the performance measure that they do not meet the standard. **Answer:** Any proposed staff should include previous approval documentation.

4) **Question:** In Section 2-Service Specifications- Geographic Coverage of Services, page 2-3, is the Honolulu-East zip code demarcations correct? Should Honolulu-East say "including 96816" instead of 96817? **Answer:** The Honolulu-East zip code demarcation should be "including 96816" instead of 96817.

5) **Question:** In Section 2- Service Specifications- Geographic Coverage of Services, page 2-4, regarding the capacity of the State operated Early Childhood Services Programs (ECSP):

a. **Question:** What is the capacity of the ECSP programs? Is it a pre-established number? **Answer:** The capacity of each ECSP is a range based upon staffing, vacancies and service need.
b. **Question:** Will the capacity of the ECSP's fluctuate due to program staffing vacancies or other internal circumstances? **Answer:** The capacity will fluctuate as a result of staffing vacancies and increases in service needs within each ECSP geographic area.
c. **Question:** For planning and service delivery purposes, will the contracted provider be given prior notice that the ECSP in their area has reached capacity? How much notice and in what format? **Answer:** HKISS will maintain capacity level counts for each ECSP and coordinate referral efforts to give the contracted service providers as much prior notice as possible.
d. **Question:** When the ECSP is deemed to have identified an improvement in their ability to take new children in, will children who have been referred to a contracted provider agency be transferred back to the ECSP? **Answer:** No, the child will continue to receive services with the contracted provider agency in order to maintain continuity of services.
e. **Question:** Who and how will the determination be as to what provider is the closest to the family, or does the purchasing agency have a pre-determined/geographical breakdown? **Answer:** Families will be referred depending upon where the family resides and what seems to meet the family's needs, and the capacity of the purchase of service programs to accept additional children. EIS will try to equally distribute referrals whenever appropriate.

6) **Question:** In regards to Section 3-Proposal Application Instructions, and Requests for References. Is this request for references only in regards to having experience with the 4 to 8 year old population or both (0-3 and 4-8)? Are you seeking only reference contact information? How many references are required? Would testimonials letters from families be considered a "Reference". **Answer:** If the applicant has experience with the 0-3 year old population, references should address the applicant's experience with that population. If the applicant has only experience with the 4-8 year old population, references should address the applicant's experience with that population. We are seeking references from agencies within the community that have knowledge of the services provided by the applicant. We are not requiring a certain number of references, but the number provided should be sufficient to show the extent of the applicant's involvement in the community. References **do not** include testimonial letters from families. The form of the references may be either letters or adequate contact information to allow the

purchasing agency to contact the references (agency name, contact person and title, phone number, email address, and type of involvement or working relationship).

7) **Question:** Please clarify and confirm the specific transition process, contractual agreement, timing, payment, expectations, etc. that will occur if a current provider is not awarded the geographic area that they currently serve and applied for? Will the DOH-EIS be responsible for formally advising all families of the transition of the contracted provider and be the initial contact for any possible questions, inquiries, calls from families that are currently being services? **Answer:** Under the present contract, General Conditions, page 3, 1.5 Notice to Clients, states in part, "the Provider shall create written procedures for the orderly termination of services to any clients receiving the Required Services under this Agreement, and for the transition to services supplied by another provider upon termination of this Agreement, regardless of the circumstances of such termination. These procedures shall include, at the minimum, timely notice to such clients of the termination of this Agreement, and appropriate counseling". In addition, the purchasing agency will work with both the in-coming and out-going agency to affect appropriate transition. This may include an extension to the out-going provider's contract under specific circumstances.

8) **Question:** Please describe the difference between DOH-EIS "Supported Training" (that is required and as a result, reimbursed, such as Initial Orientation) versus DOH-EIS "Mandated Training" which is also mandatory for staff, and according to the RFP, not reimbursed. Would this include mandatory all day trainings such as "What Counts", etc.? **Answer:** EIS will determine and inform agencies which training is Supported Training and which is Mandated Training.

9) **Question:** Do the same mandates for training pertain to programs using subcontractors as core staff? How do you recommend subcontractors obtain this mandated training without violating Federal & State labor laws (mandated training is not conducive to keeping a subcontractor's status pursuant to labor laws and would deem them an employee). **Answer:** Service providers subcontracted by the provider are subject to the same training requirements as the provider's regular employees. It is the responsibility of the provider agency to ensure that subcontracted service providers attend training sessions even though the provider will not be reimbursed by the purchasing agency for the subcontracted provider's training time.

10) **Question:** The current acceptable billing for CDE's is the actual time to perform and document the CDE with a maximum cap of 10 units (2.5 hours) per evaluator. Under the new RFP guideline, the maximum billing range is 1.5 hours (6 units) per evaluator and 1.5 hours for write-up. Based on these numbers, the maximum amount billable for a CDE appears to have been

reduced from 20 units to 18 units. **Answer:** The billing structure for CDE's is the following:

- Maximum cap of 10 units (2.5 hours) to perform
- Maximum cap of 10 units (2.5 hours) to prep, de-brief and document each CDE

Note: billing is based on actual time, up to the maximum allowable.

11) **Question:** Will the same billing maximums that are finally decided upon for the CDE's noted in the previous question have a parallel change in the separate Purchase of Services contract that the DOH-EIS has with private providers and self-employed therapists? **Answer:** This question is not relevant to the RFP.

12) **Question:** On Performance Measure #4, Table A, the indicator percentage is 80% in the first year, growing to 90% by 2010. However, the Budget Worksheet #1 indicator is 90%. Please clarify. **Answer:** The indicator in Budget Worksheet #1 will be revised, from 90% to 80% to be consistent with Table A.

13) **Question:** In Section 2- Service Specifications, #1 (item D), the description of the target population is only children with developmental delays. What about infants and toddlers who are at risk biologically and environmentally, or is the developmental delays description a general one that encompasses all areas? **Answer:** Children served will be those with developmental delays. Exceptions, such as a child born with certain biological risks (example, Down's Syndrome), may not exhibit delays at birth but delays for these children are expected, and therefore, these children would be eligible for Early Intervention services.

14) **Question:** Please clarify Section 2, II, page 2-4, General Requirements. **Answer:** This is part of the RPF template and is not relevant.

15) **Question:** The budget section indicates that if a position is unfilled, the contracted provider should use an average of the salary range. What happens when the position is filled by an employee requiring a higher salary? What process does the provider go through to discuss/negotiate the higher range? **Answer:** As long as the salary is within the previously negotiated and approved salary range and the prospective employee's qualifications match the provider's specifications within that range, the provider may hire the employee. The provider's proposal should indicate what qualifications are to be used to determine salary ranges for each type of service provider, including years of experience, credentials, specialized experience, licensure, etc. for entry levels and maximum salary levels.

16) **Question:** Please explain the DOH- Early Intervention Section's strategy

related to ensuring timely and complete payment to agencies for services rendered. **Answer:** Please refer to RFP Section 1, page 1-10, XX Availability of Funds. The award of the contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and the availability of State and/or Federal funds. Also refer to RFP Section 2, page 2-16, III.B.10., Method of compensation and payment. Upon execution of the contract, awardees shall receive a first quarter advance payment equal to one-fourth of the negotiated annual budget for the first contract period of the first contract year, to be made 30 calendar days after the execution of the agreement. The balance shall be paid by monthly reimbursement upon submission of provider invoices.

17) **Question:** Please clarify Table A- Performance Measure #8 which requires 100% of staff to meet the highest standard for qualifications as it relates to the use of paraprofessionals and individuals hired upon the approval of DOH-EIS who do not meet the highest standard for qualifications under the early Intervention State Plan. **Answer:** As the Performance Measure states, please refer to the Hawaii Early Intervention State Plan for professional and para-professional staff qualifications.

18) **Question:** Per RFP, page 2-7, #3, program staff are to contact the child's Family within 48 hours of referral or is it two (2) working days which is the current practice? **Answer:** The RFP language should read, "Program staff shall contact the child's family within two (2) working days of the referral…"

19) **Question:** Regarding Performance Measures, how do you define "highest level of professional standards"? You list approved staff in billable activities to include assistants such as COTA, PTA. This infers that assistants and paraprofessionals could be counted in the highest level if they meet the standards (e.g. certification for COTA, high school diploma for paraprofessional). Is this correct? **Answer:** Please refer to the Hawaii State Plan for professional standards requirements at *www.hawaii.gov/health/family-child-health/eis* . Page 2-9 of the RFP, B.1.b. also indicates that if the applicant/awardee wishes to utilize additional staff (e.g. Certified Occupational Therapy Aide, Physical Therapy Aide, or Communication Aide to support Core Staff listed in B.1.a., the applicant/awardee must submit a written request and obtain written approval from the Early Intervention Section Supervisor. The applicant's proposal should indicate plans to utilize staff other than Core Staff, following guidelines noted above.

20) **Question:** RFP Attachment D-1, page 1., CDE team may consist of two (2) professionals from the list of Service providers. Does this mean that assistants and paraprofessionals can participate in CDE's? Or is a Bachelor's still mandatory for any CDE team member? **Answer:** Bachelor's degree is mandatory. Requests to deviate must be given prior written approval by the

Part C Coordinator/Early Intervention Section Supervisor. Specific written information about the individual's background and evaluation experience must be provided in order that a determination can be made.

21) **Question:** RFP, page 2-3, Geographic coverage of service for Waipahu Area and Kapolei Area. At the time of RFI, Easter Seals Hawaii made recommendations for structuring these 2 areas as it relates to Ft. Weaver/Ewa. We did not receive a response from EIS. What is the status of this recommendation/response? **Answer:** During the RFI process EIS gathered information and comments from various community agencies. Present provider Easter Seals' boundary suggestions for the proposed Waipahu program was reviewed by the RFP work group. EIS appreciates the recommendation from Easter Seals; however, EIS decided to keep the boundaries outlined in the RFP "draft" that was shared at the May 15th RFI meeting.

22) Questions concerning the definition of "complex medical needs" for the **RFP HTH-530-06-2**:

a. **Question:** Is there a definition of close 'monitoring'? **Answer:** Monitoring assistance and services should be individualized based on the needs of the child, and to the extent that maximizes the coordinated delivery and impact of available services.

b. **Question:** What percentage of children with the "effects of prenatal substance abuse" will be referred to this particular program (Services for Children with Complex Medical Needs)? Will other programs be receiving referrals of this diagnosis as well? What criteria will be used in the referral? **Answer:** A percentage is unknown at this time, as it would depend on the medical needs of the child in addition to the effects of the prenatal substance abuse. Public Health Nursing programs and the Healthy Start programs will also refer to local Early Intervention programs.

c. **Question:** Will low birth weight babies who are medically stable be referred to other developmental Early Intervention Section programs? **Answer:** Yes

23) **Question:** Will the DOH provide a Social Worker to this program or we are expected to hire our own social worker? **Answer:** The applicant should plan to include in the budget the cost of licensed Social Workers necessary for the number of children expected to receive care coordination from your program. This number should be based on the child to care coordinator ratio described in the RFP, but exclude children who may receive care coordination from Public Health Nurses. At the time the contract is awarded, negotiations may take place to determine the number of Social Workers the awardee shall hire and the number Early Intervention Section will assign to the awardee's site.

24) **Question for the RFP HTH 530-06-2:** Since the medically complex

population has had history of long hospitalizations, will a billable activity include Early Intervention representation at a discharge planning meeting to further demonstrate collaboration and coordination between the inpatient therapy program to the community based program? These discharge planning meetings occur before the child is discharged and referral has not yet occurred but the child meets criteria. **Answer:** Representation at discharge planning meetings is appropriate, however it would be the role of the Social Worker to attend these meetings, not therapy staff. Therefore, as Social Workers are reimbursed costs, attending these meetings would not be considered a "billable activity".

25) **Question for the RFP HTH 530-06-2:** All children with severe to profound hearing loss and who may be candidates for cochlear implants will need frequent sessions because the method for introducing oral language is very different than the child with residual hearing. Oral language will be paired with the use of sign language. In the young infant, parent education will be a priority. Is the accompanying device for the cochlear implant considered technology and if so, will these children be referred to this program (Complex Medical Needs)? If not, what is the protocol for these children and families? In addition, the educator needs to assist parents in developing and use of sign language. **Answer:** Early Intervention Section will not cover the cost of the cochlear implant since it is a medical expense and not considered technology. In answer to your other questions, the Early Intervention Section has no set protocol for providing services to families and children with cochlear implants. The team that develops the Individualized Family Support Plan (IFSP) would determine the types of services, their intensity/frequency, qualified service providers used and timelines, depending on the child's needs. Again, depending on the child's needs, the IFSP would include services from qualified deaf educators, speech language pathologists and/or audiologists. Applicants may elect to devote part of their proposal to addressing service provision for children with severe to profound hearing loss and their families.

26) **Question:** Could you clarify or expand on your instructions for EIS Budget Forms 2,3, and 7? **Answer:** See below.

Expanded Instructions for EIS Budget Forms 2, 3, and 7

The following instructions are relevant for the above EIS Budget Forms.

1. Complete the following chart:

Average # Children Per Month	FY 2007	FY 2008
	Write in average # /month served in FY 07; if you did not have an EIS POS contract, write N/A.	Write in average # /month expected to serve in FY 08.

2. Complete one row for each appropriate staff (Direct Service [Form 2], Administrative [Form 3], and/or Social Worker [Form 7], as indicated below:

Column	Instructions
Position No.	Write Agency/Program position number, if available; if not, leave blank.
Position Title	Write position title and staff name if currently employed (e.g., *OT-Jane Smith*); if previously funded but vacant, write "*Vacant"* (e.g., *OT-Vacant*)*;* if new position or you did not have an EIS POS contract, write *"New"* (e.g., *OT-New*).
Approved Staffing FY 2007 FTE	Write in approved FTE for FY 2007; if you did not have an EIS POS contract, write N/A. [Note: this is FTE for contract; not for Agency.]
Requested Staffing FY 2008 FTE	Write in requested FTE for FY 2008. [Note: this is FTE for contract; not for Agency.] For new staff, use the mid-range of the salary range.
Current Salary FY 2007	This is the total salary provided to the individual, based on the FTE to the Agency, NOT to the contract. Example: Staff paid $40,000 for 1.0 FTE even though the approved staffing for the contract was .5 FTE. If you did not have an EIS POS contract, write N/A.
Requested Salary FY 2008 (A)	This is the total requested salary for the position, based on the FTE to the Agency, NOT to the contract. Example: Requested salary is $42,000 for 1.0 FTE even though the approved staffing for the contract was .5 FTE.
% of Time Budgeted to the Contract* (B)	This is the amount of FTE the person will provide to the contract. This should the same FTE as in "Requested Staffing FY 2008 FTE."
Total Salary Budgeted to Contract (A X B) (C)	This is the salary budgeted to the contract. It is determined by multiplying the requested salary (A) by the % or FTE of the staff person (B).
Fringe &Taxes	This is the fringe and taxes based on the salary budgeted to the contract.
Total Salary, Fringe & Taxes Budgeted to the Contract (C+D) (E)	This is the total cost for each person, including salary, fringe & taxes.

3. Provide totals for all columns except Position No. and Position Title.